## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-26-07</u>	Address:	101 W. Washington
Case #:	<u>13-72158</u>		<u>Knox, In</u> 46534
County:	<u>Starke</u>		<u> </u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
🔀 Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents;			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open Air (Park View Trailer Court)			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Basc:			
Other (item and location):			
∐ Yes ⊠ No	r age 18 discovered (check one) (number present) ort to Child Protective Services	☐ Retail/Mer	Pscudoephedrine Tracking Log
This report is to be faxed to the following agencies that serve the location:			
Fire Department: <u>Knox Fire</u> Health Department: <u>Starke County</u> Child Protection Service: <u>N/A</u>		Fax: <u>Personal Not.</u> Fax: <u>574-772-8035</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact investigating Officer: Trp. Aaron T. Campbell Phone 219-696-6242  This form is to be faxed to the Fire Densyment, Houlth Densympton and the Cliff Programment and the Cliff Progr			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention,

tment, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.